Vermont Mental Health Performance Indicator Project

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MEMORANDUM

TO: Vermont Mental Health Performance Indicator Project
Advisory Group and Interested Parties

FROM: John Pandiani
Janet Bramley

DATE: November 25, 2002

RE: REVISED Child and Adolescent Caseload Segregation/Integration in Vermont

This is a revised version of the PIP originally distributed on October 25, 2002. The original report included deflated caseload integration data for 2002 that was due to a file selection error. The following discussion and attached table include corrected data.

For a number of years, Vermont has been measuring service system integration n response to the vision of an integrated, coordinated "system of care" that has helped guide the professional activity of people working with children and adolescents for more than a decade. This approach is based on the measurement of caseload overlap: the degree to which child-serving agencies share responsibility for serving children and adolescents with emotional disorders. (Pandiani, Banks, and Schacht, 1999; Pandiani, Banks, and Schacht, 2001).

The attached graph and table provide the Caseload Segregation/Integration Ratios (C-SIR) for each of Vermont's community mental health service areas for ten fiscal years 1993- 2002. C-SIR ratios may vary from zero to one hundred. At the extremes, interpretation of the Caseload Segregation-Integration is unambiguous. A service system in which child-serving agencies have no caseload overlap (C-SIR=0) does not have a "system of care" for children and adolescents with severe emotional disturbances. Little or no caseload overlap is most likely an indicator of poor performance by a local system of care. Service systems in which child-serving agencies approach total caseload overlap (C-SIR=100); on the other hand, probably lack the individualized focus that is a core value of the system of care philosophy (Stroul and Friedman, 1986). A system that treats all children and adolescents identically is probably a poor example of a child-focused system of care.

The calculation of these caseload segregation/integration ratios relies exclusively on existing databases maintained by three state level child-serving agencies: the children's mental health caseload data base, the SRS child protection/custody data base, and the public school data base for young people with an individualized educational plan for an emotional/behavioral disorder. Because the three service sectors do not share any unique person identifiers, unduplicated counts of the number of children and adolescents served in the service sectors were determined using Probabilistic Population Estimation. (Pandiani, Banks, Schacht, 1998; Banks and Pandiani, 1999).

The attached graph and table show that Vermont has experienced a fairly consistent trend toward increased caseload integration since from1993, when the caseload integration ratio was 21 through 2002 when the caseload integration ratio was 33. In 2002, Addison County had the greatest level of caseload integration (57) while Orange County and Rutland County had the lowest levels of caseload integration (22 and 24 respectively).

We will appreciate hearing your observations, interpretations, and suggestions for further analysis to 802-241-2638 or pip@ddmhs.state.vt.us.

References

Banks SM, and Pandiani JA (2001). Probabilistic Population Estimation of the Size and Overlap of Data Sets Based on Date of Birth. *Statistics in Medicine.* Vol. 20

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Pandiani JA, Banks SM, and Schacht LS: (1998). Personal privacy vs. public accountability: A technological solution to an ethical dilemma. The Journal of Behavioral Health Services and Research 25 (4) 456-463.

Pandiani JA, Banks SM, and Schacht LM: (1999). Caseload Segregation/Integration: A Measure of Shared Responsibility for Children and Adolescents. *Journal of Emotional and Behavioral Disorders*, 7 (2) 66-71.

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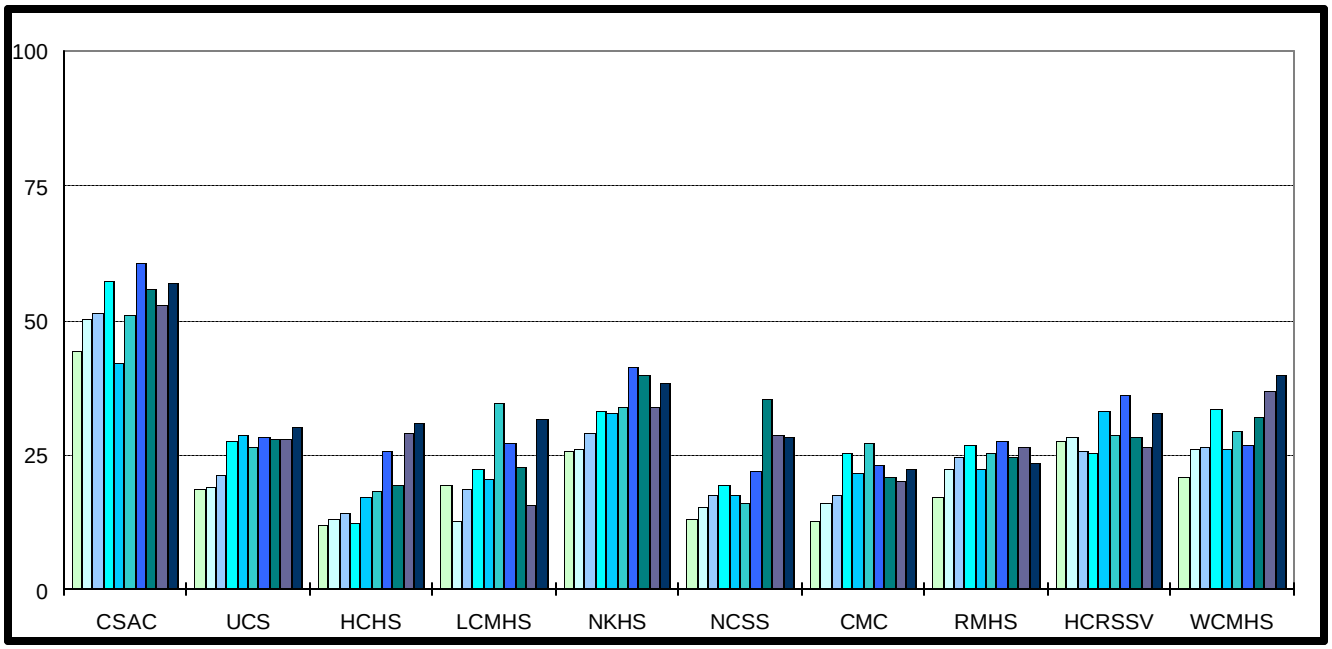
CASELOAD SEGREGATION/INTEGRATION IN VERMONT FY 1993-2002



Region/Provider		1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Addison	-CSAC	44	50	51	57	42	51	61	56	53	57
Bennington	-UCS	19	19	21	28	29	26	28	28	28	30
Chittenden	-HCHS	12	13	14	12	17	18	26	19	29	31
Lamoille	-LCMHS	19	13	19	22	20	34	27	23	16	32
Northeast	-NKHS	26	26	29	33	33	34	41	40	34	38
Northwest	-NCSS	13	15	17	19	17	16	22	35	29	28
Orange	-CMC	13	16	18	25	22	27	23	21	20	22
Rutland	-RHMS	17	22	25	27	22	25	28	24	26	24
Southeast	-HCRSSV	27	28	26	25	33	29	36	28	26	33
Washington	-WCMHS	21	26	27	34	26	29	27	32	37	40
Statewide Average		21	23	25	28	26	29	32	31	30	33

Caseload Segregation/Integration Ratio (CSIR) is a measure of the amount of caseload overlap among child serving agencies. CSIR values range from "0" (a service system in which child serving agencies have no overlap) to "100" (a service system in which there is total overlap). The CSIRs reported here are based on data held in the databases of the State of Vermont Department of Developmental and Mental Health Services, Social and Rehabilitation Services and the Department of Education. Since these databases do not share common identifiers, probabilistic population estimation was used to derive CSIR values. For more information,see: Pandiani, J.A., Banks, S.M., & Schacht, LM. (1999). Caseload segregation/integration: A measure of shared responsibility for children and adolescents. Journal of Emotional and Behavioral Disorders, 7(2), 66-71.